

Southern California Lumber Industry Welfare Fund

Established Jointly by Employers and Local Unions

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February 2026

To: Participants, Dependents and New Enrollees
From: The Board of Trustees
Subject: Protected Health Information under the Privacy Rule
Effective Date: February 16, 2026, unless otherwise stated

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE FUND AND ITS BUSINESS ASSOCIATES AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Southern California Lumber Industry Welfare Fund (“Fund” or “Plan”) is required by law to provide you with this Notice of Privacy Practices for Protected Health Information (“Notice”) and inform you about your rights and the Fund’s legal duties and privacy practices concerning your Protected Health Information (“PHI”). PHI is individually identifiable health information that is maintained or transmitted by the Fund in any form or medium (oral, written, or electronic). This means information about you, including demographic information, that can reasonably be used to identify you and relates to your past, present, or future physical or mental health or condition; the provision of healthcare; or the past, present, or future payment for the provision of health care. It also includes information that can directly or indirectly identify you, such as your name, Social Security Number, or choice of health plan if this information is known because of your participant or beneficiary status in the Fund. PHI excludes individually identifiable health information in certain education records, in records of post-secondary education students made by a doctor or other professional in connection with treatment to the student, in employment records held by a Covered Entity in its role as an employer, and regarding a person who has been deceased for more than 50 years.

I. NOTICE OF PHI USES AND DISCLOSURES

A. Permitted Uses or Disclosures of Your PHI to Carry out Treatment, Payment, and Health Care Operations

Except with respect to prohibited uses and disclosures of PHI described below, the Fund will use and disclose PHI without your authorization for purposes of treatment, payment, and health care operations, subject to the minimum necessary standard discussed below.

(1) Treatment - The Fund may use and/or disclose your PHI for purposes of treatment. Treatment includes but is not limited to the provision, coordination, or management of health care among health care providers or the referral of a patient from one health care provider to another. For example, a treating physician may disclose your PHI to another physician for alternative treatment.

(2) Payment - The Fund may use and/or disclose your PHI for purposes of payment.

Payment includes but is not limited to actions concerning eligibility, coverage determinations, coordination of benefits, adjudication of health benefit claims (including claims appeals), determinations of cost-sharing amounts, utilization reviews, medical necessity reviews, preauthorization reviews, and billing and collection activities. For example, the Fund may inform a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund.

(3) Health Care Operations - The Fund may use and/or disclose your PHI for purposes of health care operations. Health care operations include but are not limited to performing quality assessment reviews, implementing disease management programs, reviewing the competence or qualifications of health care professionals, underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes legal services, consulting services, and auditing functions for the purpose of creating and maintaining fraud and abuse programs, compliance programs, business planning programs, and many other related administrative activities. For example, the Fund may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions.

Business Associates of the Fund will also use your PHI without your authorization for purposes of treatment, payment, and health care operations. Business Associates are persons (including subcontractors of a Business Associate) who, on behalf of the Fund, create, receive, maintain, or transmit PHI in the performance of a function, activity, or service including, but not limited to, claims processing or administration, repricing of claims, auditing of claims, billing, utilization review, legal analysis and opinion, consulting services work, and other Fund administrative activities. Business Associates must sign an agreement with the Fund to protect your PHI to the same extent as the Fund.

The Fund will also disclose PHI to the Board of Trustees as the Plan Sponsor for Plan administration purposes. The Board of Trustees has amended the Fund's Plan Document(s) and Trust Agreement, and signed a certification, agreeing not to use or disclose PHI other than as permitted by the Plan documents(s) or as required by law.

B. Required Uses and Disclosures of PHI

Upon your request, the Fund must allow you to access your PHI for inspection and copying, with limited exceptions, and must allow you to obtain an accounting of certain disclosures of PHI as addressed below. The Fund must also disclose your PHI if required by the Secretary of the Department of Health and Human Services ("HHS") and its Office of Civil Rights ("OCR") or other authorized government organizations to determine if the Fund is handling PHI correctly.

C. Additional Permitted Uses and Disclosures of PHI for which Authorization or Opportunity to Object is Not Required

The Fund will use or disclose your PHI without your authorization or opportunity to object under the following circumstances:

(1) When Required by Law - The Fund may use and/or disclose PHI when required by law.

(2) Law Enforcement - The Fund may disclose your PHI to law enforcement officials for law enforcement purposes, including but not limited to identifying or locating a suspect, fugitive, material witness, or missing person, or in response to a warrant. Also, under certain circumstances PHI may be used when disclosing information about you if you are suspected to be a victim of a crime, but only if you agree to the disclosure or the Fund is unable to obtain

your authorization because of an emergency.

(3) Public Health Activities - The Fund may disclose your PHI to a public health agency for purposes of public health activities, including for the purpose of preventing or controlling disease, injury, or disability. For example, PHI may be disclosed if you have been exposed to a communicable disease or if you are at risk of spreading a disease or condition.

(4) Public Health Oversight Agencies - The Fund may disclose PHI to government oversight agencies (e.g., federal compliance agencies such as HHS or OCR).

(5) Research - The Fund may use and/or disclose your PHI for research, subject to certain conditions.

(6) Coroners, Funeral Directors, Organ Donation - The Fund may disclose your PHI to a coroner, medical examiner, or funeral director as necessary to allow them to carry out their duties. The Fund may also disclose PHI to organ procurement organizations to facilitate organ, eye, or tissue donation.

(7) Potential Abuse or Neglect - The Fund may disclose your PHI to public authorities when authorized by law to report information about abuse, neglect, or domestic violence if there exists a reasonable belief that you are a victim of abuse, neglect, or domestic violence.

(8) Judicial and Administrative Proceedings - The Fund may disclose your PHI when required for judicial or administrative proceedings. For example, PHI may be disclosed in response to a subpoena or discovery request subject to certain conditions or in response to a court or administrative order.

(9) Military and National Security - The Fund may disclose your PHI if you are a member of the Armed Forces, either domestic or foreign, including veterans, for activities deemed necessary by appropriate military command authorities. The Fund may also disclose PHI to authorized federal officials for intelligence and national security activities authorized by law.

(10) Serious Threats to Health and Safety - The Fund may use or disclose your PHI, with some limitations, to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another person or the public.

(11) Workers' Compensation - The Fund may disclose your PHI to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illnesses.

(12) Inmates - The Fund may disclose your PHI to a correctional institution or a law enforcement official if you are in custody and if necessary, to provide you with healthcare, to provide for your health and safety or the safety of others, or the safety and security of the correctional institution.

(13) Substance Use Disorder Treatment Information – If the Fund receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment, or healthcare operations purposes, the Fund may use and disclose your Part 2 Program record for treatment, payment, and healthcare operations purposes as described in this Notice. If the Fund receives or maintains your Part 2 Program record through specific consent you provide to the Fund or another third party, the Fund will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the Fund. In no event will the Fund use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceeding by any federal,

state, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

D. Uses and Disclosures of PHI Allowed after an Opportunity to Agree or Disagree to the Use or Disclosure

The Fund will disclose your PHI to family members, other relatives, or close personal friends if the information is directly relevant to the family's or friend's involvement with your health care or payment for such care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected, or you are deceased and the disclosure is not inconsistent with any prior preferences known to the Fund.

E. Prohibited Uses and Disclosures of PHI

The Fund will not use or disclose PHI that is genetic information for underwriting purposes, including determining eligibility or benefits under the Plan, for computing any contribution amounts under the Plan, or for other activities related to the enrollment and/or continued eligibility under the Plan. In addition, the Fund will not sell PHI or receive remuneration in exchange for the use or disclosure of PHI, unless authorization is obtained, as described below.

F. Uses and Disclosures of PHI that Require Your Written Authorization

The Fund must obtain your written authorization for any use or disclosure of your PHI not specifically required or permitted by law or described in this Notice. The Fund does not anticipate using or disclosing your PHI in a manner that would require your authorization. However, should an authorization be required, the Fund will provide you with an authorization form. You have the right to revoke your authorization at any time. All revocations will be honored by the Fund. If you do provide written authorization, it will allow PHI to be used and disclosed by both the Fund and its Business Associates.

Your written authorization will be obtained before the Fund will use or disclose psychotherapy notes about you from your psychotherapist, if applicable. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Fund may use and disclose such notes without your written authorization when needed by the Fund to defend against litigation filed by you. Written authorization will also be obtained if PHI is used or disclosed for marketing purposes or is sold.

II. YOUR RIGHTS REGARDING YOUR PHI

A. Request Restrictions on PHI

You have the right to request that the Fund restrict uses or disclosures of your PHI for treatment, payment, or health care operations. You also have the right to restrict uses and disclosures to family members, relatives, friends, or other persons identified who are involved in your health care or payment for such care. However, the Fund is not required to agree to your restriction request with one exception. The Fund is required to comply with a restriction request if you request restricted disclosure of PHI to the Fund for payment or health care operations purposes (not for treatment purposes) and the PHI at issue relates solely to a health care item or service for which you (or person other than the Fund, on your behalf) have paid the health care provider in full. In any other circumstances, if the Fund agrees to your request, it is bound by the restriction except when otherwise required by law, in emergencies, or when the restricted information is necessary for treatment. You (or your personal representative) will be required to complete a form to request restrictions on uses or disclosures of your PHI.

B. Confidential Communication of PHI

You have the right to request to receive communications of PHI from the Fund either by alternative means or at alternative locations. For example, you may request that the Fund contact you at home, rather than at work. The Fund may agree to accommodate any such request if it is reasonable. The Fund, however, must accommodate such requests if you clearly state that the disclosure of all or a part of the PHI could endanger you. You (or your personal representative) will be required to complete a form requesting to receive communication of PHI by alternative means or at alternative locations.

C. Access to PHI

You have the right to request access to your PHI contained in a Designated Record Set for inspection and copying for as long as the Fund maintains the PHI. A Designated Record Set includes, but is not limited to, your medical billing records, enrollment, claims payment, claims adjudication, and case or medical management records. The right to access does not apply to psychotherapy notes or information compiled in anticipation of litigation.

You (or your personal representative) will be required to complete a request form to access your PHI in a Designated Record Set. If you are granted access to inspect and copy your PHI, the requested information will be provided within 30 days, whether it is maintained onsite or offsite. A single 30-day extension is allowed if the Fund is unable to comply with the deadline. If access is granted, the Fund will provide access to the PHI in the form requested by you, if readily producible in such form or format; or, if not, in a readable hard copy form or other form agreed to by the Fund and you. As described further below, if the PHI is maintained electronically, and if you request an electronic copy, the Fund will provide access in the electronic form and format requested by you if it is readily producible; or, if not, in a readable electronic form and format agreed to by the Fund and you. The Fund may charge you a reasonable fee for the costs of the paper copy or electronic media, as applicable. If you are denied access to inspect and copy your PHI, a written denial will be provided setting forth the basis for the denial, a description of how you may have the denial reviewed, if applicable, and a description of how you may complain to the Fund or Secretary of HHS or its OCR.

D. Amendment of PHI

You have the right to make a written request to amend your PHI in a Designated Record Set for as long as the PHI is maintained in a Designated Record Set. Your written request must provide a reason(s) in support of the requested amendment. You (or your personal representative) will be required to complete a request form to amend your PHI. The Fund has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Fund is unable to comply with the deadline. The Fund may deny your request to amend for any of the following reasons: (i) the request for amendment is not in writing; (ii) the request for amendment does not provide any reason(s) for the requested amendment; (iii) the PHI or record that is the subject of the request was not created by the Fund unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment; (iv) the PHI or record that is the subject of the request is not part of a Designated Record Set; (v) the PHI or record that is the subject of the request is accurate or complete; or (vi) the PHI or record would not be available to you for inspection or copying as discussed above under the Access to PHI section.

If the request is denied in whole or part, the Fund must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

E. Accounting of PHI

You have the right to request an accounting of any disclosures by the Fund of your PHI. The Fund will provide an accounting only for the six-year period prior to the date of the request. However, the Fund is not required to provide and will therefore not provide an accounting of disclosures: (i) made by the Fund to you; (ii) made to carry out treatment, payment, or health care operations; (iii) incident to a use or disclosure otherwise permitted or required by law; (iv) pursuant to your authorization; (v) to individuals involved in your care and for notification purposes permitted by law; (vi) for national security or intelligence purposes; (vii) to correctional institutions or law enforcement officials; and (viii) as part of a limited data set.

You (or your personal representative) will be required to complete a request form to obtain an accounting of your PHI disclosures by the Fund. The Fund will provide you with an accounting of your PHI disclosures within 60 days of your request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Fund provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Fund will charge you a reasonable, cost-based fee for each subsequent accounting.

F. Access to Electronic Health Records

You have the right to request access to any Electronic Health Records (“EHRs”) used or maintained by the Fund and the Fund will provide access to your EHRs in the electronic form and format requested by you if it is readily producible; or, if not, in a readable electronic form and format agreed to by the Fund and you. EHRs are electronic records of health-related information on an individual that are created, gathered, managed, and consulted by authorized health care clinicians and staff. In addition, you have the right to request that the Fund provide your EHRs to another entity or individual in electronic format so long as your request is clear, conspicuous, and specific. The Fund is entitled to charge a reasonable fee for any labor costs or supplies (e.g., portable electronic media) incurred in providing the electronic information.

G. Access by Personal Representatives to PHI

The Fund will treat your personal representative as you with respect to uses and disclosures of PHI, and all rights afforded to you under the Privacy Rule, but only to the extent such PHI is relevant to their representation. For example, a personal representative with a limited health care power of attorney regarding a specific treatment, such as the use of artificial life support, is your representative only with respect to PHI that relates to decisions concerning this treatment. The personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or allowed to take any action. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public (general, durable, or health care power of attorney);
- a court order of appointment as the conservator or guardian of you;
- an individual who is the parent, guardian, or other person acting in loco parentis with legal authority to make health care decisions on behalf of a minor child; or
- an executor of the estate, next of kin, or other family member on behalf of a decedent.

The Fund retains discretion to deny a personal representative access to PHI if the Fund reasonably believes that you have been or may be subjected to domestic violence, abuse, or neglect by the personal representative or that treating a person as your personal representative could endanger you. This applies to personal representatives of minors as well. Also, there are limited circumstances under state and other applicable laws when the parent is not the personal

representative with respect to a minor child's health care information.

H. Receive a Paper Copy of This Notice Upon Request

You have the right to receive a paper copy of this Notice upon request, even if you previously agreed to receive this Notice electronically. All requests should be made to the Fund's Privacy Officer at the name and address below.

I. File a Complaint

You have the right to file a complaint with the Fund if you believe that your privacy rights have been violated. All complaints to the Fund are to be filed with the privacy officer at the name and address below. You may also file a complaint with HHS in writing, either electronically via the OCR Complaint Portal, or on paper by faxing, emailing, or mailing it to the applicable OCR regional office. For more information on filing a complaint with HHS, please visit www.hhs.gov/ocr/privacy/hipaa/complaints/ or call 800-368-1019 to request a copy of a complaint form.

All complaints must be in writing and filed within 180 days of the date you knew or should have known of the violation. This time limit can be waived if good cause is shown. The Fund will not retaliate against you for filing a complaint.

III. THE FUND'S DUTIES

A. General

The Fund is required by law to provide you with this Notice upon request. Also, this Notice must be distributed by this Fund to new Participants or Beneficiaries upon enrollment. You will be advised at least once every three years of the availability of this Notice and how to obtain a copy of it.

The Fund is required to comply with the terms of this Notice as currently written. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to the date of the change. The Fund will promptly revise and distribute this Notice within 60 days if there is a material change in its privacy policies and procedures.

B. Minimum Necessary Standard

The Fund will limit, to the extent practicable, the PHI subject to use and disclosure to de-identified information, which excludes certain information that could be used to identify you. However, to the extent the Fund deems it necessary, it may use, disclose or request more than the de-identified information so long as it does not disclose, use, or request more than the minimum amount of your PHI necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. The minimum necessary standard, however, will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment purposes;
- disclosures made to you;
- uses or disclosures pursuant to an authorization by you;
- disclosures made to HHS or its OCR for enforcement purposes;
- uses or disclosures that are required by law; or
- uses or disclosures that are required for the Fund's compliance with HIPAA's Administration Simplification Rules.

C. Notification of a Breach of Unsecured PHI

The Fund is required to notify you following any Breach of Unsecured PHI. No later than 60 days from the discovery of any Breach of Unsecured PHI, the Fund will provide you with notice of such Breach. Unsecured PHI includes PHI in electronic form that is not encrypted and PHI in paper form that has not been destroyed. A Breach of Unsecured PHI is an unauthorized acquisition, access, use, or disclosure that compromises the security or privacy of such information unless the Fund (or Business Associate of the Fund, as applicable) can demonstrate that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors: (i) the nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification; (ii) the unauthorized person who used the PHI or to whom the disclosure was made; (iii) whether the PHI was actually acquired or viewed; and (iv) the extent to which the risk to the PHI has been mitigated. However, an unauthorized acquisition, access, use, or disclosure of Unsecured PHI will not be considered a Breach if it is within one of the following three exceptions: (i) an unintentional acquisition, access, use, or disclosure of PHI by a workforce member or person acting under the authority of the Fund or one of its Business Associates if made in good faith and within the scope of authority so long as the information is not further acquired, accessed, used, or disclosed by any person; (ii) an inadvertent disclosure by an individual who is authorized to access PHI at the Fund or a Business Associate to another person who is also authorized to access PHI at the Fund or the Business Associate if the information is not further acquired, accessed, used, or disclosed without authorization; or (iii) a disclosure of PHI for which the Fund or its Business Associate has a good faith belief that the unauthorized individual to whom the disclosure was made would not reasonably be able to retain it.

In the event of a Breach of Unsecured PHI, the Fund's written notification to you will include the following information: the date of the breach; the date of discovery of the breach; the type of PHI involved; the steps you should take to protect yourself from potential harm from the Breach; an explanation of what steps the Fund is taking to investigate the Breach, mitigate harm to you and to protect against further breaches; and contact procedures for you to obtain additional information. If the Fund lacks current contact information for you, it will provide substitute notice, which will be by email, telephone, or may be by other means including posting notice on the Fund's website or conspicuous notice in major print or broadcast media in the geographic area where you are likely to reside. In circumstances in which the Breach of Unsecured PHI is reasonably believed by the Fund to have affected more than 500 individuals in a particular state or jurisdiction, the Fund will provide additional notice to prominent media outlets within the state or jurisdiction no later than 60 days after discovery of the Breach. Finally, the Fund will report any Breach of Unsecured PHI to HHS as required by HHS.

IV. MISCELLANEOUS

A. De-identified Information

The contents of this Notice do not apply to de-identified health information. Therefore, the Fund may use and disclose your de-identified health information without the restrictions set forth in this notice. Health information is considered de-identified if it does not identify you and there is no reasonable basis to believe the information can be used to identify you. For example, health information is de-identified if certain identifiers are removed, including but not limited to your name, geographic identifiers (e.g., address, etc.), all elements of dates relating to you (e.g., birth date), Social Security Number, telephone number, medical record number, etc.

B. Summary Health Information

The Fund may disclose summary health information to the Board of Trustees or a Business Associate. Summary health information is information that may be individually

identifiable information, and that summarizes the claims history and claims experience of Participants or Beneficiaries in the Fund, and from which identifying information has been deleted in accordance with the Privacy Rule. For example, summary health information may be disclosed to obtain premium bids or to modify, amend, or terminate the Plan.

C. Marketing

Although the Fund is allowed to use and disclose your PHI for marketing purposes with your written authorization, the Fund will not use and/or disclose your PHI for purposes of marketing. Marketing is defined as making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. For example, sending a brochure detailing the benefits of an anti-depressant medication that encourages its use or purchase is considered marketing. However, marketing does not include the following communications made, unless direct or indirect payment is received from or on behalf of a third party whose product or service is being described: (i) to provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual (payment may be received if it is reasonably related to the cost of making the communication); (ii) for the treatment of an individual by a health care provider, including case management or care coordinating for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual; (iii) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in the plan of benefits of the entity making the communication, including communications about participating in a health care provider network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan enrollee that add value to, but are not a part of, a plan of benefits; or (iv) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions.

D. Fundraising

The Fund does not anticipate making any fundraising communications; however, to the extent the Fund provides you with any written fundraising communication that is a healthcare operation as defined under the Privacy Rule, it shall provide in a clear and conspicuous manner that you are entitled to elect not to receive any further such communication and such election shall be treated as a revocation of authorization.

V. CONTACT THE FUND FOR MORE INFORMATION

If you wish to file a complaint with the Fund or have any questions regarding this Notice or the information contained in it (i.e., access, amendment, or accounting of your PHI), you may contact Ed Simon, Benefit Programs Administration, 1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA 90017, (562) 463-5000, Fax (562) 908-7568.

PHI use and disclosure by the Fund is regulated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"), and the HITECH Act and the applicable regulations. You may find the Privacy Rule at 45 Code of Federal Regulations Parts 160 and 164 subparts A and E. This Notice attempts to summarize the regulations. The law and its regulations will supersede any discrepancy between this Notice and the law and regulations.

THIS NOTICE OF PRIVACY PRACTICES IS INTENDED TO COMPLY WITH THE REQUIREMENTS SET FORTH IN HIPAA, THE PRIVACY RULE, THE HITECH ACT AND ITS REGULATIONS, AND ANY AMENDMENT THERETO. ANY OMISSIONS OR OVERSIGHTS SHALL BE RESOLVED IN ACCORDANCE WITH THE LAW AND ITS REGULATION(S).